

to good minds, no matter what the "system." Even less than in the days of Charles Eliot, when he assumed the presidency of Harvard University, need there be "one primer, one catechism, one rod for all children."

Now if this distillate is not to your taste, please recall that the wine has not been long in the barrel, or it may be that the barrel has been too lightly charred.

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RESPECTABLE HYPNOSIS*

BY

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The report of the special subcommittee of the B.M.A. (*Supplement to the British Medical Journal*, April 23, 1955, p. 190) stressed the necessity for medical men to take a more serious interest in hypnosis and underlined the need for observations of its therapeutic effects to be made. This encourages me to publish these lectures, uncomprehensive though they are, in the hope that other more complete and extensive work will be forthcoming.

The popular idea of a hypnotist is that he is a man endowed with a macabre and somewhat unearthly gift—a man with strange piercing eyes—from whose dark depths a mysterious power seems to beat right into your brain. Physicians use hypnosis little; psychiatrists largely spurn it since it was rejected by Freud; and it has tended to become the province of the riffraff of medicine, the sport of the music-halls, and a popular item on television. Probably the sinister notoriety with which sensational literature has endowed the subject has scared away many who might have made serious and sincere use of it.

I am making a plea for hypnosis to become respectable and for its use to be recognized as a reasonable form of treatment in certain selected cases. I am not advocating very extensive or widespread treatment with hypnosis; still less do I suggest that any doctors should be designated "hypnotists" or specialize in the subject. Hypnosis is an adjunct to treatment; it does not replace other treatments or obviate the need for orthodox examination and investigations.

Every doctor realizes what powerful effects suggestion has; indeed, in all clinical trials great care is taken to allow for this. A new medicine may achieve very good results by suggestion. With hypnosis one is using the suggestion in pure form without the medicine.

For the last twelve years I have used hypnosis as an ancillary method of treatment in general medicine, and for six years I have devoted one out-patient session a week to it; from this experience I am learning a little about its use and limitations.

*Based on two lecture-demonstrations given to the Hammett Hospital and to the consultants of the North-west Metropolitan Region on April 18, 1955, and February 28, 1952, respectively.

What is Hypnosis?

Hypnosis is a state of exaggerated suggestibility produced by suggestion and fixing of the attention. It is hard to say more than that without indulging in improbable speculation or abstract word play.

There have been innumerable theories. Mesmer, in 1776, who refused an offer of £20,000 for the secret of it, believed it was due to the influence of the planets. James Braid, in 1841, thought it was caused by paralysis of the eye muscles. Charcot thought it was a manifestation of hysteria, and said normal people could not be hypnotized. My experience is that normal intelligent people make the best subjects for hypnosis.

The patient's ideas about hypnosis seem to play little part in its production, and some patients on waking say, "Is that some sort of gas you've got in that lamp?" and have no idea that hypnosis has been used. Patients who come saying, "I'm a great believer in hypnosis; I think it's wonderful," often make poor subjects.

It has been argued that hypnosis is the same as ordinary sleep. That is obviously untrue, because sleeping people do not obey commands implicitly as hypnotized people do. As a father who wakes his own children in the morning I am certain of that.

Technique

For the first induction it is best to have a quiet, dark room and a comfortable couch, and ask the subject to look at a light. I use an ophthalmoscope bulb. The only point of the dark room and the source of light is that if there is nothing else to look at it is easier to concentrate on the one visible thing.

Suggestions are made repeatedly: "You are getting sleepy—you can't keep your eyelids open—you are going to sleep," and so on. Once a state of hypnosis is induced the patient is told that the next time he will go more quickly and more deeply to sleep. At the first attendance only light hypnosis may be induced, but with subsequent sessions a deeper state may be obtained each time. Certain people never go very deep, but the effect of suggestion made under light hypnosis is often nearly as good as that made under deep hypnosis.

In a good subject, after the first induction it is convenient at subsequent sessions to ask him to look at some object, such as your finger or a paper-knife, and do it all in broad daylight. The less ritual and the more straightforward the procedure the better. The patient should not be made to feel that there is any elaborate ceremony or mystery or be given the idea that you have any special power over him; a commonplace routine atmosphere precludes the patient getting any undue reverence for the doctor. He should regard the procedure as no more impressive than a visit to the dentist.

The State of Hypnosis

Under deep hypnosis the subject automatically obeys any suggestions made by the hypnotist; for instance, if you suggest that he cannot move he is virtually paralysed, but if you suggest that he can move, then he does so. If you suggest that he will obey only *your* requests, then others can command him in vain; but if you suggest that he will obey other people, then he will be obedient to them. Hypnosis is in fact what you make of it, and it is a mistake to define a classical state of hypnosis. The phenomena are what you and the patient have put there, not clear-cut entities like the stages of anaesthesia. Those phenomena which can be induced under deep hypnosis include paralysis, rigidity, anaesthesia, automatic obedience, delusions, somnambulist¹ trance, post-hypnotic suggestion, and post-hypnotic amnesia. There is no need to describe all those—they are well known, and their names explain them; I shall comment only on the last three.

Somnambulist¹ Trance.—Under hypnosis a patient can be requested to open his eyes, walk about, talk, and in fact

behave like a normal conscious person. On waking from this trance he will have no recollection of anything he has said or done. This state is sometimes of use in discussing matters that are distressing for the patient to talk about during consciousness.

Post-hypnotic Suggestion.—A patient on waking from deep hypnosis will obey or fulfil suggestions made during his state of hypnosis. For instance, if it is suggested to him, "You will not be able to scratch your skin—your hand will stop three inches short of it if you try to do so," then on awakening he will be unable to scratch himself. Naturally, if this is suggested, it is important to suggest also: "You will have no irritation or tickling of any kind, and it will not distress you that you cannot scratch." Any suggestions made under deep hypnosis must be carefully, simply, and explicitly worded; it would, for instance, be a mistake in treating a case of nail-biting to say: "You will not be able to get your hand to your mouth," because the patient might have difficulty in feeding himself afterwards.

Post-hypnotic Amnesia.—If, when a patient is under deep hypnosis, he is specifically told, "You will remember nothing that has happened while you were asleep," then his amnesia is always complete. If he is not given any suggestion whether or not he will remember, then amnesia is less certain to follow, but usually does so. Occasionally there is some retrograde amnesia, and the subject cannot remember events which happened just before he was hypnotized. Amnesia can be selective—for instance, if it is suggested, "When you wake you will find you are entirely unable to remember the number four until you are out of this room; it will have disappeared completely from your mind," the patient on waking can be asked, "Count up to ten," and will proceed, "One, two, three, five, six, seven," etc., and if shown four coins will be unable to enumerate them. This can be used as a test to confirm that a deep state of hypnosis has been induced. Precautions must be taken to ensure that the suggestion operates only for a short while—for example, "You will remember that number again the moment you leave this room." The above test gives some information about the mental processes used in counting: if the number four has been "removed" by hypnosis a quick person (especially a card player) will, if shown six coins, correctly say "six" when asked to count them, but slower people who count by progressing upwards from one will say "seven." The removal of the number four in such people throws out by one unit all numbers higher than four. I mention this because it shows that hypnosis might have a limited value in the investigation of mental processes.

Light Hypnosis.—Some people, though showing many of the phenomena of hypnosis—the sleep-like state, the paralysis, and other evidence of hypersuggestibility—do not lose consciousness completely, and have little or no amnesia. This state is called light hypnosis.

There are, of course, many grades of depth, and some subjects experience only slight drowsiness and are not properly hypnotizable. I use the term "deep hypnosis" only when amnesia and somnambulism can be produced, and the term "light" when paralysis or rigidity occurs but without amnesia. On this classification the degree of hypnosis in the first 50 consecutive cases attending my clinic was: deep, 20; light, 20; slight or none, 10.

Use of Hypnosis in Skin Diseases

I am indebted to Dr. Harold Wilson for encouraging me to try hypnosis in certain skin conditions, and for the cases he has referred to me.

Warts

I was extremely sceptical about treating warts with hypnosis when this was first suggested. I argued that warts were known to be readily amenable to primitive forms of suggestion and superstition (coloured dyes, charming, and other ceremonies); therefore I asked to have referred only those cases in which the warts had been treated for at least two months by orthodox suggestion treatment with no

improvement. In other words, I was unwilling to be persuaded into witchcraft except where other witches had failed, because it is simpler to anoint warts with snail spit or rub them by moonlight with stolen meat than it is to hypnotize their owner.

The patients attended weekly, and under hypnosis their warts were touched and they were told that they would soon disappear.

Of 33 consecutive patients with warts, 25 were hypnotizable and 8 were not. Of the hypnotizable cases 17 went under deep hypnosis and 8 under light. The Table shows the results in the 25 cases. Of the eight un hypnotizable

Results in 25 Cases

Sex and Age	How Long Present	Warts Before Treatment	No. of Treatments	Warts After Treatment	Result
<i>Deep Hypnosis</i>					
F 14	Not recorded	16	6	0	Cured
M 6	3 months	21	7	0	"
F 12	3 "	34	4	0	"
M 6	4 "	3	5	0	"
F 14	4 "	4	5	0	"
F 9	2 years	14	18	0	"
F 11	2 "	14	8	0	"
M 6	2 "	8	5	0	"
F 5	3 "	40 (plane)	4	0	"
M 6	" Many years "	11	9	0	"
M 12	5 years	53	12	0	"
M 7	2 "	11	9	0*	Improved
M 8	2 "	20	5	6	"
F 9	6 "	33	9	9	"
F 5	3 months	10	7	6	"
M 13	2 years	15	17	13	No change
F 5	1 year	20	15	20	" "
<i>Light Hypnosis</i>					
F 5	10 months	12	20	0	Cured
M 4	1 year	11	9	0	"
M† 11	7 months (small)	25	7	0	"
	5 years (big)				
F 7	3 years	24	5	0	"
F 9	3 "	8	8	8	No change
F 28	3 "	Multiple	10	Multiple	" "
F 18	1½ "	2	5	2	" "
M 8	1½ "	8	8	8	" "

* Not included in cures, as warts disappeared more than a month after last treatment.

† This patient had one enormous wart (1 by 1 by ½ cm.) present for five years, which went as quickly as the 24 others which had been present for only seven months.

cases none showed any diminution in the number of warts, but in none of them did I go on for more than 10 weeks, as repeated failures at achieving hypnosis are embarrassing. No case under treatment grew more warts.

These results do not prove anything, as not enough is known about the natural recovery rate of untreated warts; but when a patient has had warts for several years and they go soon after hypnosis is given the suggestion is rather that the treatment has some effect. However, it is a somewhat lengthy and time-consuming effort to devote to eliminating trivial lesions. The final results in the 25 hypnotizable subjects were 15 cured, 4 improved, and 6 no change.

Case 1.—A schoolboy aged 12 attended in October, 1949, with 53 warts, mainly on the hands (Fig. 1). They had been present for over five years and had resisted a variety of local treatments. Deep hypnosis was induced at the first attendance, and he then attended weekly. After three treatments the warts were smaller and one had gone. After seven treatments 20 had gone (leaving 33) and others were fading (Fig. 2). After ten treatments all the warts were gone (Fig. 3). At a follow-up four years later there had been no recurrence.

Hyperhidrosis

I have treated three patients with hyperhidrosis, two of whom were hypnotizable, and in both there appeared to be much improvement. The case history of one of them follows.

Case 2.—A girl of 18 attended in April, 1952, with three years' excessive sweating from the armpits. Only light hypnosis was achieved at the first five weekly attendances, but after these five she said, "I'm much better," and this was after the hottest

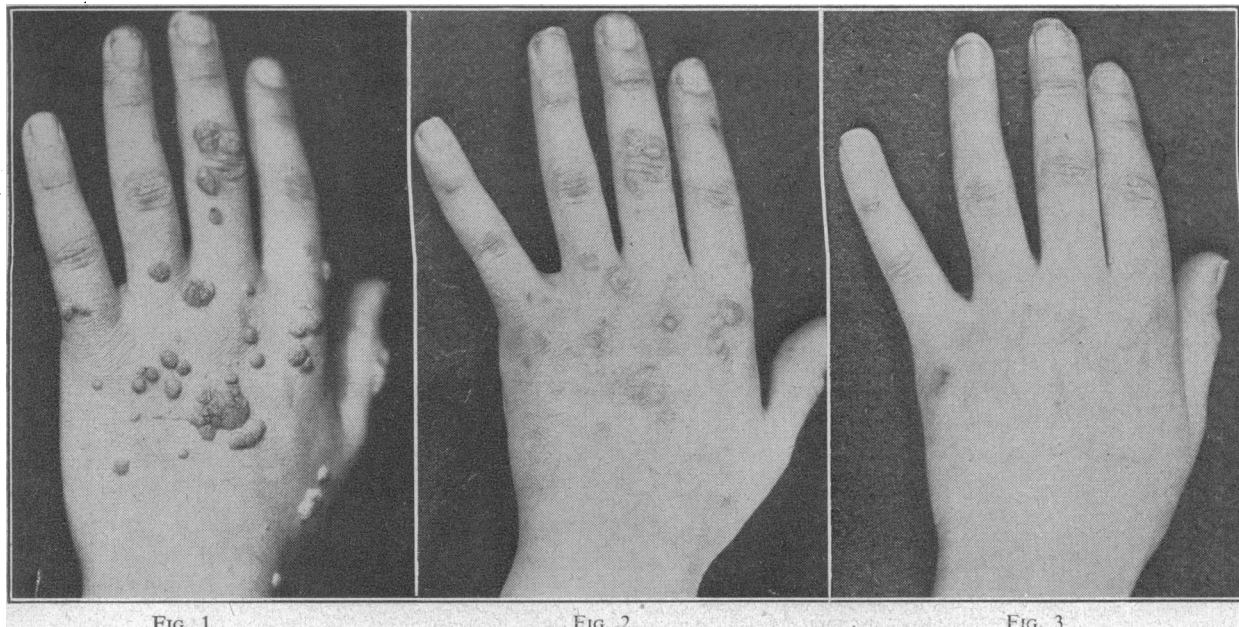


FIG. 1.—Case 1 at start of treatment. FIG. 2.—Case 1 after seven treatments. FIG. 3.—Case 1 after ten treatments. (The mark at the base of the fifth finger is an abrasion following a roller-skating accident.)

May days for many years (May 16–23, 1952). By the sixth session deep hypnosis was induced, and a week later she said, "It's quite stopped now; I'm quite all right; I'm cured." She attended monthly for the next three months, but as she remained entirely symptomless she was discharged. In March, 1955, she wrote: "I am very pleased to advise I have remained free of excessive sweating since you treated me in 1952, and the condition is now normal."

Eczema

Hypnosis appears to have some value in the treatment of eczema by reducing the irritation and scratching. Three illustrative case histories follow.

Case 3.—A male clerk aged 27 attended in March, 1954, with fifteen years' history of eczema with much cracking and irritation of the skin, the face being very severely affected. He had received extensive dermatological and psychological treatment with no benefit, and his spirits and his confidence were very low. He asked the psychiatrist if hypnosis could be given, and was referred to my clinic, where weekly treatment with suggestion was started. The main themes of suggestion were: "You will have no skin irritation; you will not ever be able to scratch yourself or even want to do so; you will feel well and vigorous; and you will be free from any anxiety or embarrassment about your skin." After five treatments the skin was much improved in appearance and the irritation less. After seven treatments his face looked almost normal, and he said: "I can't get over the feeling of being so much better in every way. My face is so much better that I can go to the barber without embarrassment: in the old days I daren't go at all." The improvement has been maintained since then, and he attends only every three months. At his last attendance, on March 18, 1955, he said: "I'm a different person; this last year it has been better than it has ever been before."

I have found that small children with the eczema-asthma syndrome are sometimes very suitable for treatment by suggestion under hypnosis.

Case 4.—A schoolboy of 6 attended the skin clinic a year ago with a history of infantile eczema since he was 3 months old. There was severe excoriation and lichenification of the knees from repeated scratching; this persisted after treatment with various antipruritics. Light hypnosis was induced at the first attendance and he was given similar suggestions to the previous

case, but in language suited to his years—for example, tickle instead of irritation, etc. A week later his mother remarked, "He's a great deal better." Deep hypnosis was induced at this second attendance, and thereafter he became one of the most easily hypnotizable subjects I have known. He goes into a deep trance within five seconds of starting to look at the tip of my finger. The interval between treatments was gradually lengthened, and he now attends at monthly or two-monthly intervals. Six months after starting treatment his mother remarked, "He can play in the garden for hours without having a go; before treatment he couldn't go five minutes without having a scratch. At the time of writing his skin remains clear and he rarely scratches."

Case 5.—A joiner aged 55 was referred for hypnosis in February, 1955, with a three-years history of an irritating skin rash affecting the face, hands, and arms, particularly the flexures—and labelled as chronic eczema and widespread dermatitis. There was some evidence that the condition started with hypersensitivity to a proprietary glue used in his work. He had shown no improvement after extensive dermatological treatment at various hospitals and had been off work for two months. The irritation was very severe, and he could not stop scratching. Under light hypnosis he was given weekly suggestion that the

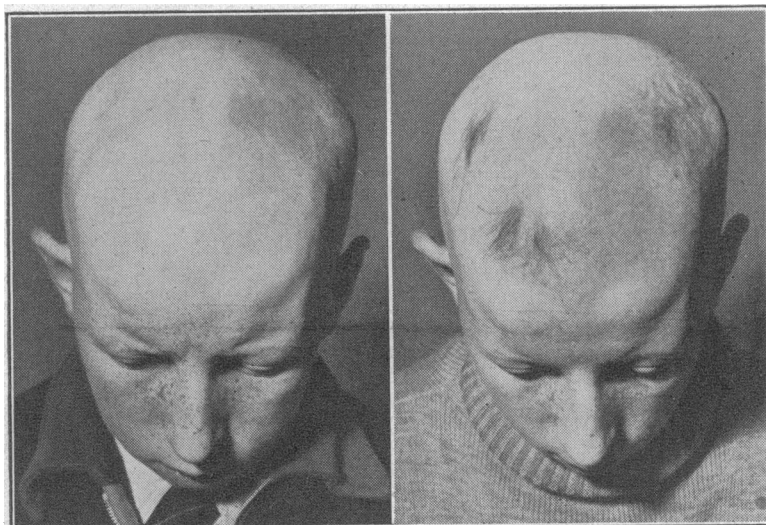


FIG. 4.—Case 6. Alopecia totalis after three treatments. FIG. 5.—Case 6 after fifteen treatments.

irritation would cease, that he would no longer wish to scratch, and that he would not be able to scratch without noticing it. After two treatments he reported lessening of the irritation and said he no longer scratched at night. After three treatments he said: "It's going along so well now I don't think I need come here any more; it's only when I sit by the fire it irritates." He was given one more treatment, and a month later the dermatologist's report was: "Almost clear—back at work." When he was followed up three months later the skin remained clear and there was no excoriation.

Alopecia

Hypnosis possibly affects alopecia: my small experience proves nothing.

Case 6.—A schoolboy of 13, completely bald for seven years, was given fifteen weekly treatments, and while under hypnosis was told: "Your hair is beginning to grow again and you are not going to feel shy about your baldness any more." After fifteen treatments a scanty growth of hair occurred (see Figs. 4 and 5), but he then stopped attending and complete baldness recurred. His loss of self-consciousness appeared very satisfactory.

Case 7.—A schoolgirl of 10 attended with one year's patchy baldness and eight months' complete billiard-ball alopecia. She was intensely self-conscious, and despaired about her baldness; she would not mix with other children and refused to wear a wig. After seven treatments she was cheerful, hopeful, and willing, but no hair had grown and she agreed to wear a wig. After twelve treatments only a few golden hairs had grown at the top of her forehead, but her psychological improvement persisted. She then defaulted. Six months later her hair started growing profusely and a year later she was able to leave off her wig. She has remained well since. The satisfactory growth of hair in this case occurred six months after hypnosis and may well have been quite unrelated to it.

Psychological Conditions

Hysteria

Hysteria may respond well to hypnosis, but there is a danger that an apparently hysterical symptom can prove to have an organic cause, and also that true hysterical behaviour and symptomatology can be caused by cerebral tumour. A complete history and a full physical examination are essential before treatment is started. Before trying to convince a patient there is nothing wrong with her, it is wise to convince one's own self first. Here are two case histories:

Case 8.—A married shop assistant aged 28 was admitted for neurosurgical investigation in March, 1944, complaining of six months' increasing giddiness, with the room spinning round her, and inability to walk straight. This had progressed till she was entirely unable to walk. Physical examination showed complete absence of touch, vibration sense, or joint sense, on both trunk and limbs. No clear signs of organic disease were found. X-ray examination, lumbar puncture, and encephalography were negative. She staggered helplessly around, and fell to the floor when asked to walk. Deep hypnosis was easily induced, and she was told that she would be sure there was nothing wrong with her when she woke, and that she would find she could walk better. After the first treatment she was able to walk a few steps. She was given five treatments at intervals of two or three days, and while under hypnosis she discussed her problems and anxieties easily. Her symptoms all dated from her husband's going on service overseas, and also she was much distressed by working in the baby-linen department of the shop, because seeing mothers and babies drove home to her her own childlessness. She was reassured that she would be better able to bear the anxiety about her husband and her childlessness, and that the improvement in walking would continue. Within a fortnight she was walking well. A follow-up in the out-patient department showed that she remained well and symptomless. When written to eleven years later, in July, 1955, she replied that she had never had any nervous symptoms since, and that she was well and happy with two adopted children.

Case 9.—A girl of 19 was referred to me in September, 1943, with a seven-years history of hysterical dumbness. She was an only child, and had behaved normally and made average progress at school until she was 12, when both her parents died within a year of each other and she went to live with her grandmother. She then became quite mute and remained so for seven years, though at times she would say a few words to her grandmother. She was given extensive psychiatric treatment from

various sources, attending a child guidance clinic for several years and seeing three or four different child psychiatrists, but she remained dumb, and all the interviews she had with them were conducted in writing. She was admitted as an in-patient, and at the first attempt was hypnotized without difficulty. Under hypnosis she spoke a few words and read aloud rather haltingly, but she did not speak on regaining consciousness. On the second day hypnosis was repeated, and following this she spoke and read aloud while fully conscious. On the fourth day she spoke to the sister and house-physician while still under hypnosis. After the fifth treatment she was speaking quite well, talking to the nurses and doctors; and after the sixth she went for a walk with the house-physician, who succeeded in persuading her to ask a stranger what the time was. After six treatments no more hypnosis was given, as she was speaking quite fluently and she continued to improve in fluency and vocabulary each day. As might be expected after seven years without spoken contact with the outside world and a life spent with no company except a rather doting grandmother, the personality that had lain concealed by the mantle of dumbness was far from normal. She now talked far too much and badgered everyone with silly questions; she was moody and petulant and extremely childish in behaviour, and several of the other patients in the ward expressed a wish that she was dumb again. I saw her nine years after discharge; she was then talking normally and seemed content, but was still immature in personality and behaviour.

Hysterical Amnesia

I have used hypnosis occasionally to assist patients with hysterical amnesia to recover their lost memory, but, though the results seem dramatic, the treatment has no very great practical value, because most people with hysterical amnesia recover their memory in two or three days without any treatment at all.

Anxiety State

In severe cases of anxiety state, when simple reassurance and explanation have failed, it may be worth trying a course of suggestion under hypnosis. In the following case, in which symptoms had persisted for five years, the result was satisfactory even though only light hypnosis could be achieved.

Case 10.—A housewife of 30 was referred to the hypnosis clinic in February, 1955. For five years she had had an unshakable belief that there was something wrong with her heart. She complained of severe palpitations and tremblings, and was convinced that she was likely to drop dead at any moment. She scarcely ever ventured out of the house from fear of her immediate death. After one treatment her symptoms were much improved, and by the fourth attendance she was symptom-free. Since then she has attended at lengthening intervals and has remained well. At her last attendance she said, "I've given up thinking about it."

Drawbacks of Hypnotic Treatment

In conclusion I want to speak about the drawbacks of hypnosis, of which there are several. Only something like two out of five patients are deeply hypnotizable. Although good results are frequently possible with light hypnosis, patients are often disappointed if they do not go into a deep trance at their first attendance. They often have other mistaken ideas about hypnosis; for instance, they believe that if they are hypnotized easily this implies they are lacking in will power, or if they are improved by treatment that it signifies their symptoms were purely imaginary. Some hold too high an opinion of the powers of hypnosis, and expect miracles to be performed and every disease to respond to it. Others regard it as a lot of nonsense and are suspicious of receiving treatment by hypnosis; and some employers are not willing to let their employees off for weekly attendance if they know that they are attending for hypnosis.

Some patients expect an exciting and dramatic experience and come more for hypnosis than for relief of symptoms. They have read, or heard on their wireless or television, about hypnosis treatment, and feel they are in the fashion if they are getting it. One boy of 11, after being deeply hypnotized, said when he came round: "Well, I thought it was going to be something really great, but you're just in an ordinary room in ordinary clothes, and I only had to

look at that old thing." (I had used rather an ancient pencil for him to fix his eyes on.) When I said, "Surely, if I wore special clothes and made passes at you like a magician you would think me an awful show-off?" he replied, "Oh, no; that 'ud be something like!"

Occasionally the effect of suggestion under hypnosis is to convince the patient he is better even when there is no change in his condition, and in two cases of involuntary muscle spasms of the type dystrophia musculorum deformans the patients after a few weeks' treatment insisted that they were very much better and that their movements were greatly diminished, although my own impression was that I had not benefited them at all.

Because the types of case most suitable for treatment for hypnosis have not yet been clearly determined, a hypnosis clinic is apt to get referred to it a rather miscellaneous assortment of clinical debris. Often patients are referred because no other treatment has benefited them. Some are referred quite unnecessarily. I was once asked to see a girl with dermatitis artefacta with the idea of hypnotizing her and finding out what she was doing to her skin, and why she was doing it. Before considering hypnosis I said to her: "Tell me; are you putting something on your skin which makes all those sore places?" She replied: "Well, yes; I do it with hydrochloric acid from my brother's laboratory; you see, if my Dad thinks I'm ill he treats me much more nice." The consultant, when I told him the solution, was most impressed until I explained the method of obtaining it. He admitted that it had not occurred to him.

Because one cannot treat more than about eight cases in a morning, and because some patients may require weekly treatments for two to three months, it is possible to take on only a small number of cases.

Ethical questions are important, depending on the individual conscience of the doctor. My personal view is that parlour tricks of hypnosis, such as producing an anaesthetic area and sticking pins through it, are wrong, and also that hypnosis should not be used for anything but the patients' benefit. For example, the patients who were hypnotized at these lectures were asked, when fully conscious, "Are you willing for me to show your case and its treatment to some doctors at a lecture?" Only those with natural willingness were chosen, and though afterwards they were told under hypnosis that they would feel quite contented and unembarrassed to be shown, it would seem unfair to have inflicted unnatural willingness by the use of hypnosis on those who were otherwise diffident about coming. If a doctor is going to use hypnosis he has got to weigh very carefully everything that is suggested, and keep to a particularly strict ethical code in his dealings with his patients.

In conclusion, I have tried to show that although there are quite a number of drawbacks to the use of hypnosis there is evidence which, though not yet complete or conclusive, shows that more could be done with it, more should be known about it, and that more doctors should use it.

Summary

Hypnosis is worthy of more adequate study by medical men. Publicity and misuse by charlatans may have discouraged serious workers.

Hypnosis is defined as a state of exaggerated suggestibility produced by suggestion. The technique of induction is discussed.

Results are described which indicate that hypnosis may have an effect on skin diseases, including warts, excessive sweating, alopecia, and eczema. The eczema-asthma syndrome of childhood and dermatoses worsened by scratching seem specially amenable. It may be helpful, too, in psychological conditions such as hysteria, anxiety states, and obsessional neuroses.

More work is needed before the value and limitations of hypnosis are defined.

PROGRESSIVE LIPODYSTROPHY

BY

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Progressive lipodystrophy is a rare disease characterized by a slowly progressive symmetrical disappearance of subcutaneous fat from the upper half of the body, with a relative or absolute abundance of fat over the lower half.

Simons (1911) published the first detailed account of the disease, and he named it lipodystrophia progressiva. Cases had previously been described by Weir Mitchell (1885), Barraquer (1906), and others, and the condition is sometimes called Barraquer-Simons disease. Zalla (1920) recognized an atypical form of the disease in a post-mortem case of Morgagni (1765)—a woman of 59 who had died from cerebral apoplexy. Ameline and Quercy (1920) were of the opinion that the Pharaoh Amenophis IV showed signs of the disease.

The onset is usually insidious, and an advanced stage of the disease may be reached before the patient or the relatives are aware of any changes having occurred. Typically, the face is the first part of the body to be affected, and its aspect in an advanced case is characteristic: the temples are hollowed, the zygomatic bones prominent, and the cheeks sunken, frequently showing two hollows on each side—an upper small one and a lower and larger one, separated by a ridge corresponding to the zygomaticus major muscle. When the patient smiles numerous wrinkles appear in the cheeks, giving the appearance of premature senility. In addition the eyes may be deep-set through loss of the orbital fat, and the skin may manifest a pallor which is not explained by examination of the blood. Small wonder that the word "Totenkopf" frequently recurs in the literature to describe this cadaveric facies. Spreading downwards at a variable rate, the process affects the neck, shoulders, arms, and trunk, often ending abruptly at or above the level of the iliac crests. Campbell (1913) measured the downward rate of progression of the disease in his case as being one inch (2.5 cm.) a year. The loss of fat leads to undue prominence of the bones, muscles, and subcutaneous veins, giving the arms the appearance of undue strength; the skin can easily be picked up into folds, but its elasticity is normal.

Although the mammary fat may disappear, the glandular tissue is unaffected, giving the breasts a curiously hard nodular feel. The hands are not involved.

Simultaneously with this change there may be an excessive deposition of fat over the hips, buttocks, and legs, often ending abruptly at the level mentioned above. The disproportion between the two halves of the body is so marked in some patients as to give them the appearance of being composed of two entirely different individuals.

The feet are rarely affected, possibly because of the pressure of the shoes (Wilder, 1928), and the adiposity may end abruptly at the level of the malleoli.

The term "progressive" has been regarded as inappropriate on the grounds that the fat atrophy does not, except in rare cases, spread to involve the other half of the body and also because the disease undergoes